

Registered Charity No. 1001836

**Safeguarding Procedure**

**Definitions**

Vulnerable Children

There are several children and young people who are particularly vulnerable, they include:

* Children with disabilities
* Children living away from home, in foster care, in hospital or in custody
* Children who are victims of domestic violence
* Children of drug misusing parent
* Children who are subjected to racism
* Children who are linked to belief in possession or witchcraft or in other ways related to spiritual or religious beliefs.
* Children and families who go missing
* Children of families using temporary accommodation
* Migrant children
* Child victim of trafficking
* Unaccompanied sanctuary seeking children

Concept of significant harm

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interest of the child, and gives local authorities the duty to make enquiries to decide whether they should act to safeguard or promote the welfare of a child who is suffering or likely to suffer significant harm.

Adult at risk

The definition of an ‘adult at risk’ under the ‘Care and Support Statutory Guidance’ section 14.2, issued under the Care Act 2014, by Department of Health is: “Any person who is aged 18 or over and, at risk of abuse or neglect because of their needs for care and support.”

The following categories of abuse are taken from “Working together to Safeguard Children” (2015)

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| Children | Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection. |
| Safeguarding and promoting the welfare of children | Defined for the purposes of this guidance as: • protecting children from maltreatment; • preventing impairment of children’s health or development; • ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and • taking action to enable all children to have the best life chances.  |
| Child protection | Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. |
| Abuse | A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children. |
| Physical abuse | A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. |
| Emotional abuse | The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. |
| Sexual abuse | Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.  |
| Neglect | The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: • provide adequate food, clothing and shelter (including exclusion from home or abandonment); • protect a child from physical and emotional harm or danger; • ensure adequate supervision (including the use of inadequate care-givers); or • ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs. |

The following was taken from Birmingham Safeguarding Adults Board:

The following is a list of the types of abuse and neglect that can occur:

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| Physical abuse | Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions. |
| Domestic violence | Including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence. |
| Sexual abuse | Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.  |
| Psychological abuse | Including emotional abuse, threats of harm or abandonment, deprivation of con-tact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks. |
| Financial or material abuse | Including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. |
| Modern slavery | Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. |
| Discriminatory abuse | Including forms of harassment, slurs or similar treatment; because of race, gen-der and gender identity, age, disability, sexual orientation or religion. |
| Organisational abuse | Including neglect and poor care practice within an institution or specific care set-ting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation |
| Neglect and acts of omission | Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the with-holding of the necessities of life, such as medication, adequate nutrition and heating.  |
| Self-neglect | This covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. |

All individuals should be aware of other possible forms of abuse:

* Sexual exploitation
* Complex (organised or multiple) abuse
* Female genital mutilation (FGM)
* Forced marriage
* Internet bullying
* Extremism and radicalisation

**Abuse of Adult at risk**

In addition to the categories above, further abuses of adult at risk are as follows:

* Psychological – verbal abuse, threats, humiliation, intimidation.
* Financial – theft, fraud.
* Discriminatory – swearing and name calling which involve racist remarks or those about a person’s disability

**Meeting the needs of young people with disabilities**

We acknowledge the fact that risk factors relating to vulnerable young people can, in certain circumstances, be exacerbated by disabilities that may be present in addition to mental health issues. These may relate to increased risk factors concerning the need for enhanced personal care, communication difficulties or difficulties regarding life opportunities, inclusion and empowerment. For each site (The Studio, Hayes Village Hall or another site used for the pursuance of drama-related activities) we will ensure that potential risk factors relating to safeguarding are identified and risk managed in relation to children. This process will be clearly recorded as part of the service planning process.

Safeguarding Management Structure and Responsibilities (Duty Holders)

The following provides a general overview of the delegation of responsibility for safeguarding within The Hayes Players.

**The Committee**

The Committee’s key tasks are:

* To approve the safeguarding policy
* To ensure that the message of the policy is linked to the achievement of the Charity’s operational objectives
* To monitor the organisation’s safeguarding arrangements
* To annually review and evaluate the effectiveness of the safeguarding policy
* To appoint a Committee member to be responsible for safeguarding

**Senior Lead for Safeguarding (SLS)**

The Senior Lead for Safeguarding will:

* Periodically appraise the effectiveness of this policy, ensure reviews are completed and ensure that any necessary changes are made
* Ensure that an appropriate safeguarding management structure remains in place and clearly identifies the decision makers within the charity
* Maintain the means of consultation throughout the charity to arrange for appropriate lines of communication/decision making
* Support the **Designated Safeguarding Lead (DSL) and Deputy Safeguarding Officer (DSO)**

**Designated Safeguarding Lead (DSL) & Deputy Safeguarding Officer (DSO)**

The DSL and DSO will, in conjunction with, the SLS:

* Manage issues, concerns and incidents
* Have the relevant level of safeguarding training and knowledge and will have completed safeguarding training in line with “Working Together to Safeguard Children and Young People”.
* Assess information regarding concerns and make decisions about whether individual’s concerns are appropriate for referral

**All Individuals**

All individuals will:

* Familiarise themselves with this safeguarding policy ensuring they understand and comply with the policy at all times
* Complete necessary training
* Follow training and guidance given
* Report any concerns to the SLS, DSL or DSO
* Record all relevant information

**Training and Support**

* All Members involved in a production with children or adults at risk (including rehearsals and performance nights) will complete appropriate safeguarding training
* SLS, DSL and DSO will participate in relevant training and development
* Support will be available to the DSL and DSO
* Training will be regularly audited to ensure compliance
* All individuals will receive refresher training every two years and will receive updates when applicable
* All individuals will, prior to that individual’s involvement in any activity involving children or adults at risk, be required to sign to confirm they have read the Safeguarding Policy

**Confidentiality & Information Governance**

Any information held on a child or adult at risk will be stored securely with restricted and appropriate access. Information will be kept confidential and information sharing applied only when necessary by the use of formal Information Sharing Agreements (ISA). All relevant staff will complete Information Governance training and adhere to Data Protection Act 1998

**Safeguarding Procedure**

These procedures cover:

* When the safeguarding procedure should be invoked
* What should be done when concerns are raised
* Procedures to be taken when a disclosure is made
* Concerns regarding the behaviour of a volunteer
* How concerns are to be reported to the appropriate authority

**When to invoke the procedures**

Procedures should be invoked whenever a concern is raised that a child or adult at risk may be harmed in one or more of the following ways:

* Somebody may abuse or neglect a child or adult at risk by inflicting harm, or by failing to act to prevent harm
* Children or adults at risk may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger

**What to do when you have a concern**

* Seek the support of another volunteer to witness the situation if possible or contact a DSL, DSO or SLS
* Record the incident and witnessed by another adult, no matter how trivial the injury may seem
* Take any immediate action required to assist the child or adult at risk, e.g. emergency medical treatment
* Create a safe environment for the child or adult at risk to talk. Be clear about what the child or adult at risk has said, record what is said and maintain confidentiality. If possible, have a witness present
* Inform the DSL, DSO or SLS who will then decide on what further action is required.
* Keep records of any false allegations a child or adult at risk makes against you and inform the DSL, DSO or SLS. This should include everything from; "You are always picking on me", to "You hit me", or comments such as "Don't touch me"
* Never keep suspicions of abuse by a fellow Hayes Player to yourself. Although it is particularly difficult to report friends/acquaintances/cast/crew members, your primary duty is to protect children or adults at risk and you personally could be implicated by keeping silent.

**What to say to Parents/Carers**

**Parents and carers are told not to leave children unsupervised in a Hayes Players facility – The Studio or The Village Hall.**

In most situations, you should be completely honest to parents about what has happened. In some situations, it may not be appropriate to discuss the matter with them. Consent should be sought from parents/carers or the child or adult where appropriate before discussing the concern about them with other agencies, unless gaining consent itself places the child or adult at increased risk of significant harm.

Always ensure that you enlist the support of a DSL, DSO or SLS.

**What to do when a disclosure is made to you**

* Stay calm, be reassuring and listen
* Create a safe environment for the child or adult at risk to talk
* Explain that you cannot promise to keep the disclosure a secret
* Don’t make any other promises - the situation may cause you to react emotionally
* Do not press for details - this is likely to need further and possibly extensive investigation. It is better for the child or adult at risk if they do not report the details unnecessarily
* Tell the child or adult at risk that they were right to tell – they are not to blame for the incident
* Let the child or adult at risk know that you understand how difficult it is to talk about such experiences. Express thanks to the child or adult at risk for trusting you with their disclosure
* As soon as possible afterwards, record your conversation with the child or adult at risk
* Remember exact words
* Record your own statement to the child or adult at risk
* State time and dates as requested and record immediately
* If possible, ask the witness to take notes of the conversation
* Pass your completed Record to the DSL or DSO who will decide on what further action is required, they will also inform the SLS

**Recording Physical Injuries**

When you notice an injury to a child or adult at risk, which needs to be recorded, do this as soon as possible and make a note of when the injury was first seen. All documents should be numbered and attached to incident report when making a referral. Do not attempt to guess at things beyond your own field of expertise e.g. age of the injury. Use a body map (HR31) to help you describe the injury.

Try to record the following information in respect of each mark:

* Exact position of injury on the body e.g. upper outer arm/left cheek
* Size of injury - in approximate centimetres or inches (or use indicators e.g. size of one pence coin etc.)
* Approximate shape of injury e.g. round/square or straight line
* Colour of injury
* Whether the skin is broken
* Whether there is any swelling at the site of the injury, or elsewhere
* Whether there is a scab/any blistering/any bleeding
* Whether the injury is clean or dirty
* Whether mobility is restricted as a result of the injury
* Whether the site of the injury feels hot by asking the child or adult at risk
* Whether the child or adult at risk feels hot
* Whether the child or adult at risk feels pain

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**Allegations made against a Hayes Player**

Children or adults at risk who report that a member has abused them must be listened to and heard, whatever attempts they take to communicate.

‘Listen to’, means just that, on no account should suggestions be made to children or adults at risk as to alternative explanations for their worries. A written, signed and dated record of the allegations should be recorded within 24 hours.

Where a child or adult at risk says he or she does not wish to take the matter further, very careful consideration should be given to the mental capacity of the child or adult at risk and whether they or others may be at risk of significant harm. It must be made clear to the child or adult at risk when requesting complete confidentiality, that in some circumstances, staff have a duty to pass on what was disclosed.

Members who hear an allegation of abuse against another member will report the matter immediately to their DSL or DSO, unless the allegation is against them. If this is the case, the member should report directly to SLS.

Where an allegation is made against a member, DSL or DSO should make contact with the SLS within 24 hours, who will discuss the circumstances of the allegations with the applicable local safeguarding board in order to establish whether or not to investigate.

Information may also be brought to the attention of The Hayes Players committee about an individual from another source e.g. a Local Authority, which may be undertaking a child protection and adult at risk investigation.

If, following the initial consideration, the committee along with the SLS believe that the allegation is without foundation, they should:

* Inform the member of the allegation and the fact that no further action is to be taken i.e. barring from the Society
* Prepare a written report, setting out the reasons that the allegation is without foundation.

The local authority safeguarding board and social services and usually the Police, will undertake an investigation. The Committee will be advised to refer the detail of the allegations to the local authority safeguarding board responsible for the investigation.

Any investigation by the local authority safeguarding board or Police Child Protection team will take priority over an internal investigation by The Hayes Players. An internal investigation running alongside a child protection team enquiry is not likely to be good practice and should be held in abeyance pending the outcome of the external investigation.

**Contractors/Delegated Managers/Lease Holders/Hired Services**

All service providers whether they are Contractors/Lease Holders/Hirers or similar, will be expected to adopt this policy on child protection and adult at risk or provide their own policy document of a similar standard where they have access to children.

A copy of this policy should be included in any documents relating to obtaining quotations, tenders or any agreements where service providers have access to children or adult at risk.

The SLS should ensure the service provider confirms their adherence to The Hayes Players policy and/or provides their own policy. In addition, the service provider must provide updated versions of their own policy throughout the contracted/hired/delegated/lease period.

**Action to Take When Information Is Received About a Convicted or Alleged Abuser**

Information received by the LASC representative concerning convicted or alleged abusers will be circulated to the SLS, the Chair and other relevant committee members on e-mail and names of those listed must be checked against current members/associate members and the information passed on to other appropriate organisations.

**Who should be contacted for advice within the organisation?**

All concerns should be reported to the DSL/DSO/SLS.

**Responsibility for Passing Concerns on to LASC**

The person who completes the record of concern, should inform the SLS. The SLS will pass concerns to the LASC; however, all individuals have a responsibility to protect children or adults at risk from harm and can themselves contact the LASC if they feel that their concerns have not been passed on.

**Time Scale for Passing on Concerns**

Concerns should be passed on by telephone or in person to the DSL/DSO/SLS on the same day if possible. This should be followed up in writing in email within 24 hours if possible. If the DSL or DSO is absent from rehearsal/performance for any reason, the details should be passed to the SLS instead. In no circumstances, should individuals keep hold of the incident details without informing a champion as soon as possible.

**Making a referral**

If a referral to LASC is required, it will be completed by DSL who will inform the SLS.

**Code of Good Practice**

**Promote the safety of children and adults at risk**

* Never use corporal punishment or excessive force in handling a child or adult at risk
* Never do anything of a personal nature for children or adults at risk that they can do for themselves, or any activity that could be misconstrued
* Do not place yourself in a situation where you are spending excessive amounts of time alone with one child or young person away from other people
* Be mindful of how and where you touch children or adult at risk. If you work with young children who sit on your lap use a "lap cushion"
* When taking children to the toilet, if possible take another person (child or adult) with you, try not to be alone
* All children or adults at risk will be provided an enclosed/private area within the Green Room for the purposes of changing into/out of costume
* Never take children or adults at risk in your car alone
* Never take children or adults at risk to your home
* Members should never share personal phone numbers or connect via social media accounts with children or adults at risk
* On outings, always have additional personnel present. Issue guidance on communicating to parents/guardians about security, pick up/drop off times, transport, supervision, emergency procedures. At such events, parents should be encouraged to attend
* Ensure that children or adults at risk cannot leave the premises unattended. If, for any reason, children or adults at risk have to temporarily leave the premises ensure they are accompanied
* If a child or adult at risk touches you in an inappropriate place, record what happened and ensure that another adult also knows. As it could be a totally innocent touch, do not make the child or adult at risk feel like a criminal. Remember ignoring this or allowing it to go on may place you in an untenable situation. To ignore this or allowing it to go on may place the child or young person in a vulnerable position, as the next person may take advantage, and then say the child or young person instigated it
* If strangers appear suspicious you should report to the DSL/DSO/SLS immediately. In the unlikely event that the DSL or DSO or SLS is unavailable, contact the police. You should not approach any stranger alone – ensure you have a fellow member with you. If a child or adult at risk reports an indecent exposure, or any other threatening behaviour, the police should be called immediately

**Guidelines for Use of Photographic Filming Equipment at Events**

There is evidence that some people have used events as an opportunity to take inappropriate photographs or film footage of children and adult at risk. All individuals must adhere to the photo/internet/video consent form detailed in this Photographic policy. The consent form must specify what you will be using it for, and when.

If you would like to use the photograph again at a later date, you will need to contact the parent/guardian/carer to obtain permission for further usage. This is because children/adult at risk’s lives and circumstances can change, and a photo used inappropriately could generate adverse publicity for The Hayes Players (e.g. family break-up or bereavement) and cause distress to the child, adult at risk, family or guardian. If you are working with vulnerable or disadvantaged children, the permission of the parent/guardian/carer should be sought with sensitivity to this background.

All participants and parents/guardians/carers via the consent form will be given the option of NOT being photographed and their images NOT used in future publications.

* If you are commissioning professional photographers or inviting the press to an activity or event, it is important to ensure that they are clear about your expectations of them in relation to child and adult at risk protection
* Provide a clear brief to the photographer about what is considered appropriate in terms of content and behaviour
* Issue the photographer with identification, which must be worn at all times
* Inform participants and parents/guardians/carers that a photographer will be in attendance at an event and ensure they consent to both the taking and publication of films or photographs
* Do not allow unsupervised access to participants or one to one photo sessions
* Do not approve photo sessions outside scope of the event

**Children or adult at risk whose parents/carers have not consented**

Children or adults at risk that have NOT been permitted to be photographed will be identified to the photographer, will be issued with a sticker to wear, and DSL/DSO will monitor.